

Prior Foreign Application(s) Priority Claimed

<u> </u>	<u> </u>	<u> </u>	[<input type="checkbox"/>]	[<input type="checkbox"/>]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	[<input type="checkbox"/>]	[<input type="checkbox"/>]

I hereby claim priority benefits under Title 35, United States Code, 119, of any United States application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the date of the application on which priority is claimed:

Prior U.S. (Provisional) Application: Priority Claimed

<u>60/545,369</u>	<u>02/18/2004</u>	[X]	[<input type="checkbox"/>]
(Number)	(Filing Date)	Yes	No
<u>60/489,135</u>	<u>07/22/2003</u>	[X]	[<input type="checkbox"/>]
(Number)	(Filing Date)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u> </u>	<u> </u>	<u> </u>
(Appln Serial No.)	(Filing Date)	(Status)
(patented, pending, aban.)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

BEST AVAILABLE COPY

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys/patent agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:



32095

PATENT TRADEMARK OFFICE

Direct telephone calls and send correspondence to:

CHARLES E. WANDS, ESQUIRE
Reg. No. 25,649

Telephone: (321) 725-4760

Full name of (FIRST) inventor: Eric Magne SOLIE

Inventor's

Signature:

Eric Magne Solie

Date: 4/19/2004

Residence: 219 Northcliff Drive
Durham, NC 27712

Citizenship: Citizen of United States of America

Post Office Address: 219 Northcliff Drive
Durham, NC 27712

Full name of (SECOND) inventor: **Michael Edwin SCHNEIDER**
(Deceased)

Residence: 9517 Aire Libre Drive
Austin, TX 78726

Citizenship: Citizen of United States of America

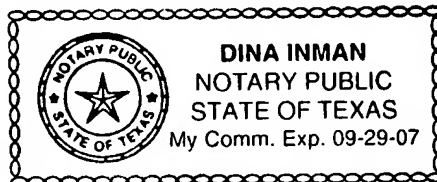
Post Office Address: 9517 Aire Libre Drive
Austin, TX 78726

By: Susan Montgomery Schneider Date: 4-7-04
Susan Montgomery SCHNEIDER
Legal Representative of Deceased Inventor
9517 Aire Libre Drive
Austin, TX 78726

State of Texas :
: ss.
County of Travis :

On this 7th day of April, 2004,
before me personally appeared, **Susan Montgomery SCHNEIDER**, the
above-named LEGAL REPRESENTATIVE OF DECEASED INVENTOR, **Michael**
Edwin SCHNEIDER, to me personally known/provided identification
(Susan Montgomery) as the individual who executed the
foregoing declaration, and who acknowledged to me that she
executed the same of her own free will for the purposes therein
set forth.

S E A L



Dina Inman
Notary Public
My commission expires:

LETTERS TESTAMENTARY

ESTATE OF
MICHAEL EDWIN SCHNEIDER AKA
MICHAEL E. SCHNEIDER
DECEASED

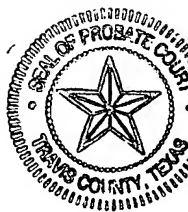
* CAUSE NUMBER 80606
* IN PROBATE COURT
* NUMBER ONE
* TRAVIS COUNTY, TEXAS

THE STATE OF TEXAS *

COUNTY OF TRAVIS *

I, the undersigned Clerk of the Probate Court No. 1 of Travis County Texas, do hereby certify that on the 18th day of FEBRUARY, 2004, SUSAN MONTGOMERY SCHNEIDER WAS _____ duly granted by said Court, Letters Testamentary of the Estate of MICHAEL EDWIN SCHNEIDER AKA MICHAEL E SCHNEIDER Deceased, and that SHE qualified as INDEPENDENT EXECUTOR WITHOUT BOND of said estate on the 18th day of FEBRUARY, 2004, as the law requires, said appointment is still in full force and effect.

Given under my hand and seal of office at Austin, Texas, on this 18th day of February, 2004.



DANA DEBEAUVOIR
County Clerk, Travis County, Texas
P.O. Box 1748, Austin, Texas 78767

By Deputy:

Alan Serrano

ORIGINAL COPY

80606-003

CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST MICHAEL		(b) MIDDLE EDWIN		(c) LAST SCHNEIDER		(d) MAIDEN		2. SEX Male		3. DATE OF DEATH January 15, 2004	
4. DATE OF BIRTH September 9, 1953		5. AGE (IN YEARS) 50		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Georgetown, Texas		7. SOCIAL SECURITY NO. 450-92-7471					
8. RACE Caucasian		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 17+			
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Susan Montgomery		14a. DECEASED'S USUAL OCCUPATION Engineer		14b. KIND OF BUSINESS OR INDUSTRY Semiconductor					
15a. RESIDENCE STREET ADDRESS 9517 Aire Libre Drive						15b. CITY OR TOWN Austin					
15c. COUNTY Travis		15d. STATE Texas		15e. ZIP CODE 78726		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. FATHER'S NAME Edwin George Schneider				17. MOTHER'S MAIDEN NAME Ann Polvado							
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> OTHER (SPECIFY) Hospice											
19. COUNTY OF DEATH Travis				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin				21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Hospice Austin's Christopher House			
22. INFORMANT — SIGNATURE & RELATIONSHIP Susan Schneider, wife						23. MAILING ADDRESS OF INFORMANT 9517 Aire Libre Drive, Austin, TX 78726					
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Cook-Walden/Capital Parks		25b. LOCATION (CITY, STATE) Pflugerville, Texas		26. NAME & ADDRESS OF FUNERAL HOME Cook-Walden/Chapel of the Hills Funeral Home 9700 Anderson Mill Road Austin, Texas 78750					
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Brandy B. Monttor, #11675		28. DATE OF DISPOSITION January 21, 2004									
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE											
31. SIGNATURE & TITLE OF CERTIFIER Robert O. Kerr, M.D.						32. DATE SIGNED 01 19 2004		33. TIME OF DEATH 2:35 P. M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER Robert O. Kerr, M.D. 711 West 38th Street, Suite B-1, Austin, Texas 78705											
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Metastatic Non Small Cell Lung Cancer DUE TO (OR AS A LIKELY CONSEQUENCE OF): Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death)/LAST b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. DUE TO (OR AS A LIKELY CONSEQUENCE OF):											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)											
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		39b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 02-00138		42b. DATE RECEIVED BY LOCAL REGISTRAR JAN 20 2004		42c. SIGNATURE OF LOCAL REGISTRAR Raguel Moreno							

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.1889)

JAN 21 2004
VS-112 REV. 9/95 C-16

S246771

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

JAN 21 2004

Raguel Moreno
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE